

Name
in
Full

Samuel George Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died New Church Hill Queen Anne's MARYLAND
Date of death Month Day Years Months Days
1909 Dec 16 Age 62 3 _____
Sex Male Color or Race white
Occupation Laborer Where Residing if not at place of death
Married, Single or Widowed Widower Name of Wife or Husband
Father's Name Robert Anderson Father's Birthplace Q.C. Ind.
Mother's Maiden Name Sarah Reed Mother's Birthplace Q.C. Ind.
Name of person giving Information Mrs William Coleman How related to deceased Sister

PHYSICIAN
OR CORONER

6

Primary

Pneumonia

Immediate

Effusion

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

CAUSES OF DEATH

93

How long

8 days

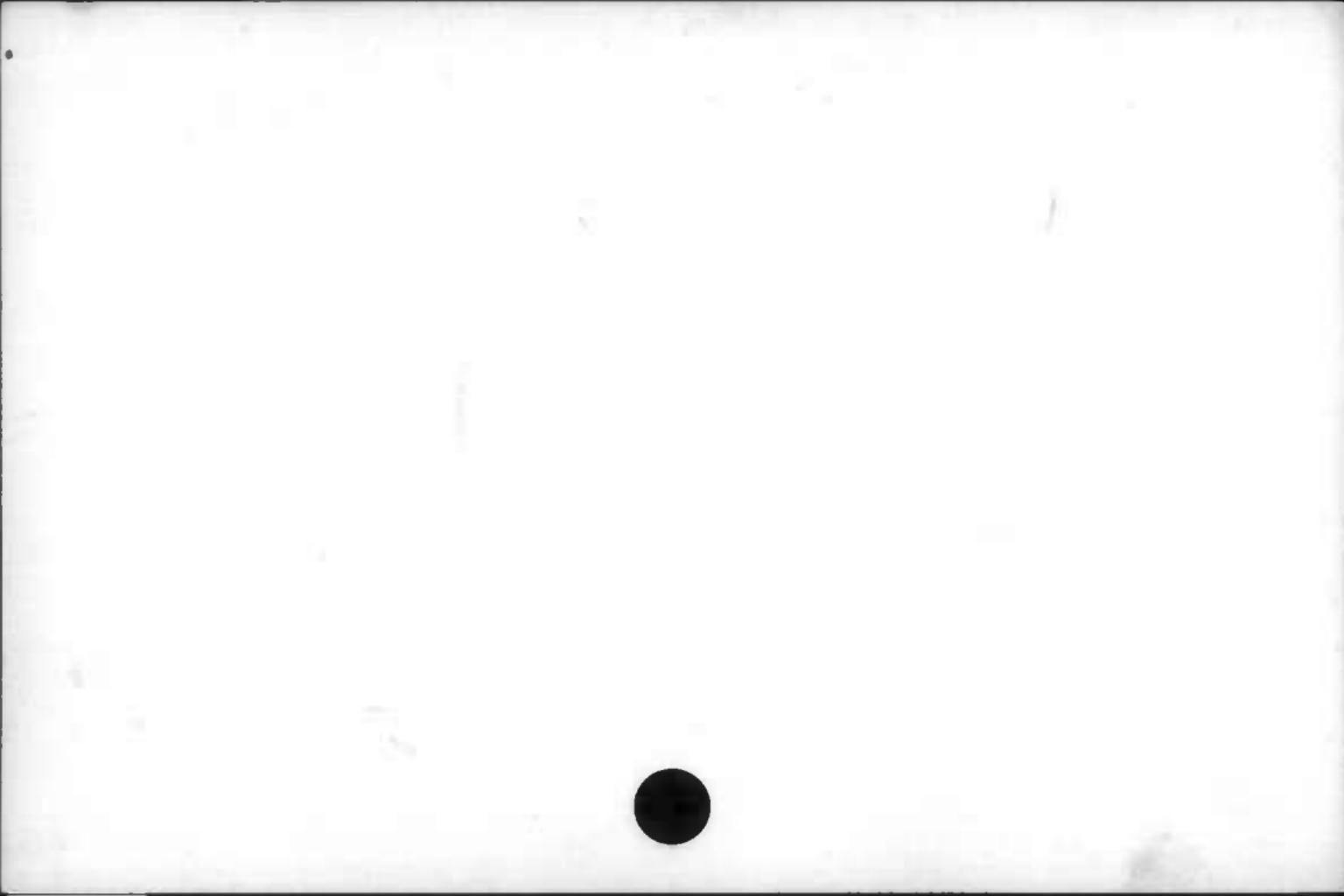
How long

3 day

Signature of Physician

Address

W.L. Coffey
Church Hill
Ind.



Name
in
Full

Sylvester Daniel Berry.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Raca	Age	1	2	18
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

Father's Name Wm Wrightson Berry Father's Birthplace 2.A.C. Md.
Mother's Maiden Name Sarah E. Berry Mother's Birthplace 2.A.C. Md.
Name of person giving Information Wrightson Berry How related to deceased Father

CAUSES OF DEATH

Primary

Spinal Deformity (6)

How long

all its life

Immediate

Congestion of Brain

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

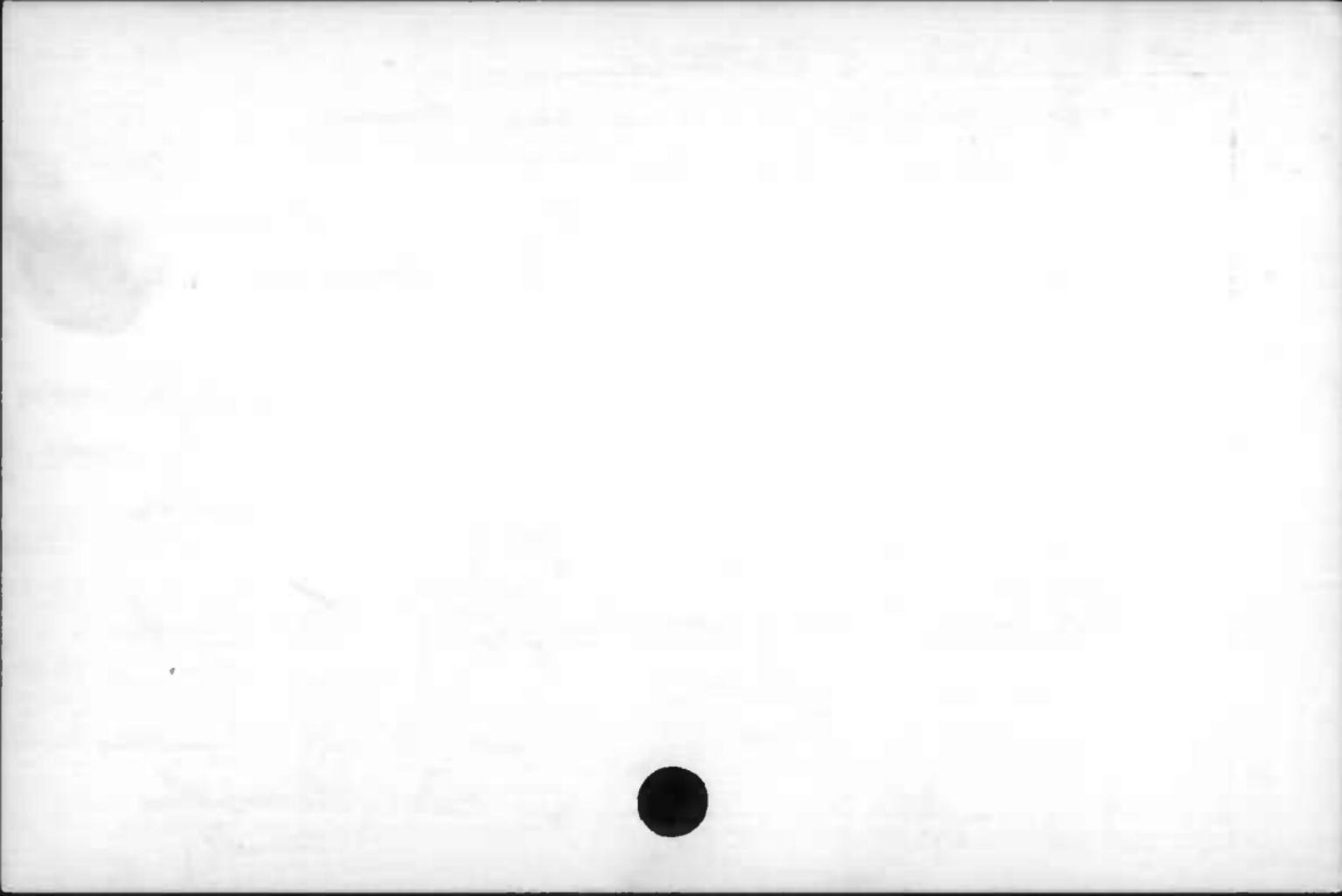
Signature of Physician

W. W. Chaires

Address

Queenstown Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Fannie Bittle

CERTIFICATE OF DEATH

Town	County			MARYLAND		
Died at	Barclay	Queen Anne's				
Date of death	Month	Day	Years	Months	Days	
190	9 Dec	21	71	7	13	
Sex	Female	Color or Race	White	Birth-place	Penns	
Occupation	Housewife			Where Residing if not at place of death	Barclay Ind.	
Married, Single or Widowed	Jidow.	Name of Wife or Husband	John Bittle	Father's Birthplace	Unknown	
Father's Name	Unknown			Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown			How related to deceased	Son	
Name of person giving Information	Wm. S. Bittle					

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

Three weeks.

Immediate

Inanition

How long

One week.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

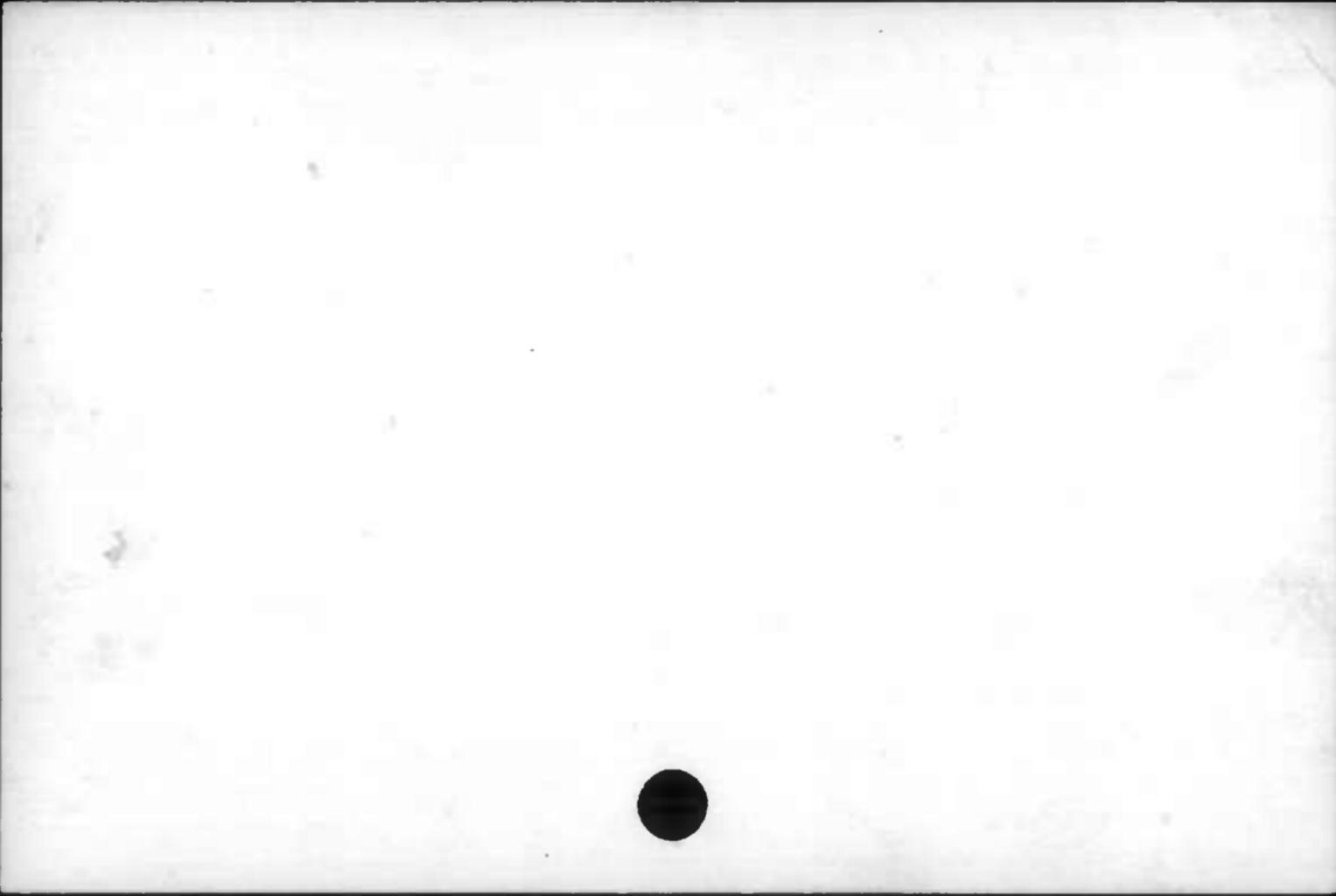
Jo

Wm. W. Brown M.D.

Duglase Ind.

Accident or Suicide

20



Name
in
Full

Aura N. Bonds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Burrisville	Month	Day	Years	Months	Days
Date of death 1909 Dec, 15.			Age 60.		
Sex Female	Color or Race	Colored	Birth-place	Baltimore city	
Occupation Housekeeper	Where Residing if not at place of death			Burrisville	
Married, Single or Widowed married	Name of Wife or Husband	Samuel Bonds			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Samuel Bonds			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Disease

120

How long

nearly 2 years

Immediate Heart failure

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

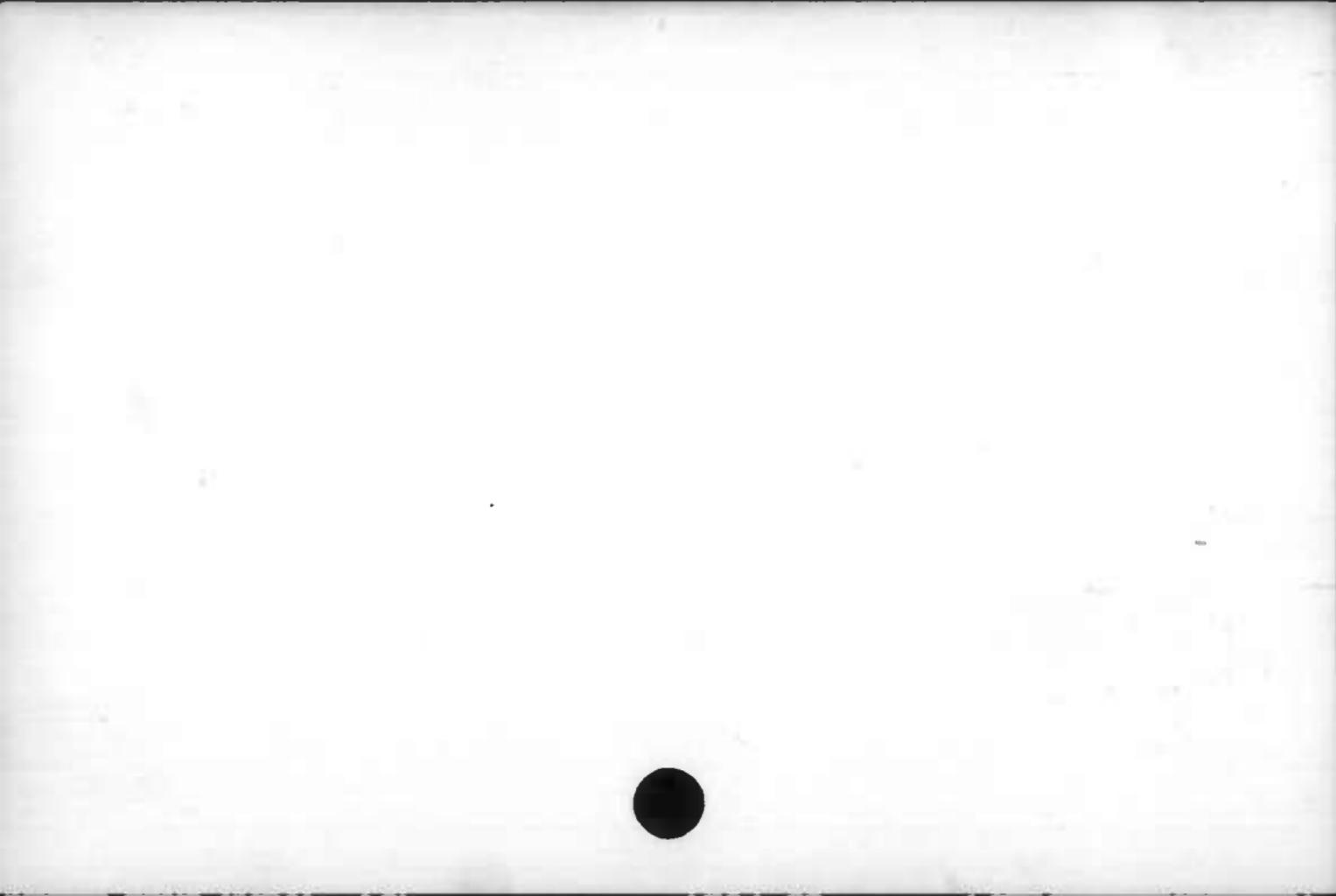
Yes

Signature of Physician

Address

Samuel B. Dudley
Church Hill
Queen Anne's Co. Md

Accident or Suicide



Name
in
Full

Bertha Cameron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County				
Died at	Maryland				
Date of death	Month	Day	Year	Month	Year
1909	12	22	19	-	-
Sex	Female	Color or Race	White	Birthplace	Med.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph Cameron				
Mother's Maiden Name	Sarah Cameron				
Name of person giving Information	Joseph Cameron				

CAUSES OF DEATH

Primary

Syphilis

9

How long

18 days

Immediate

Heart failure

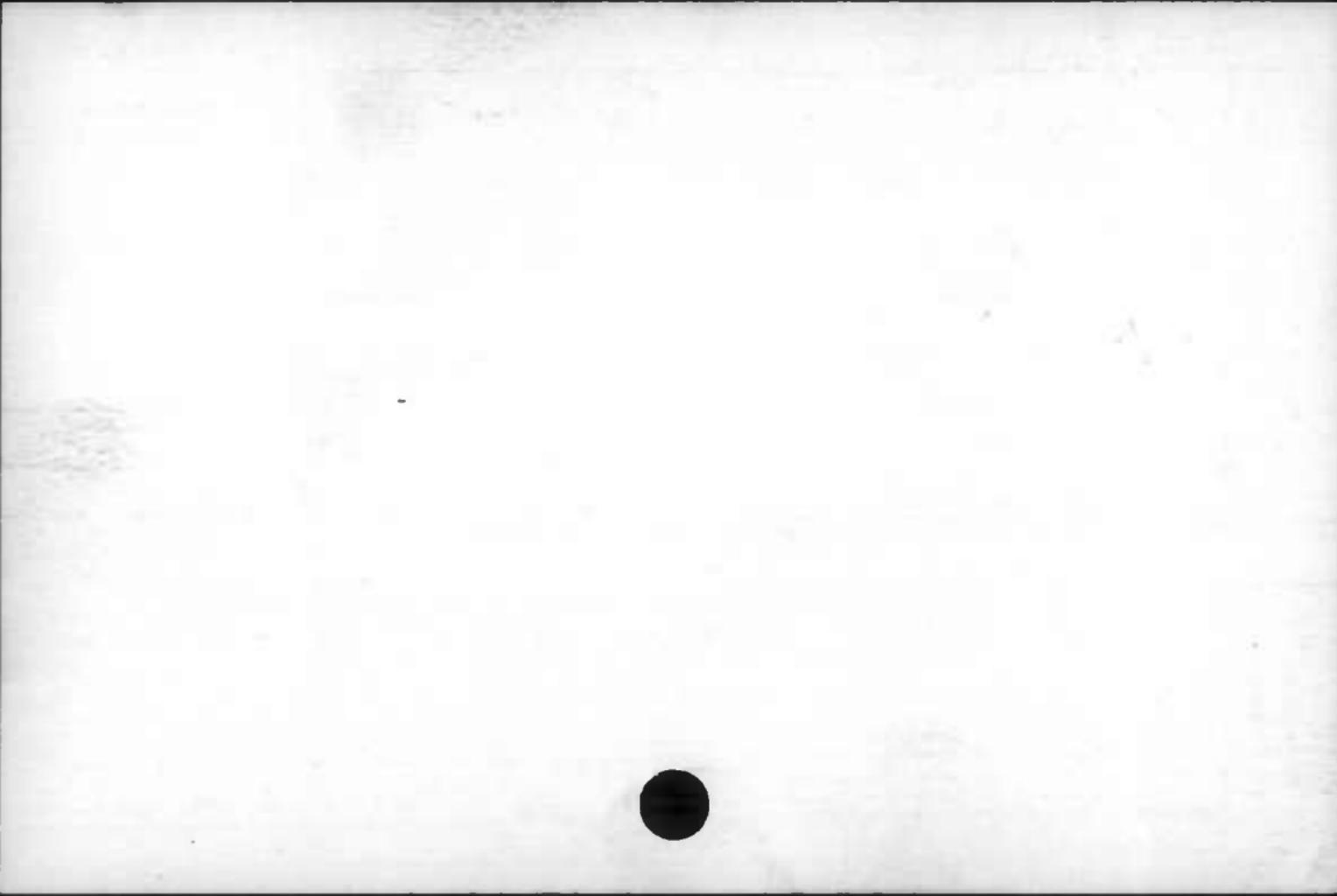
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Lizzy Conyer

CERTIFICATE OF DEATH

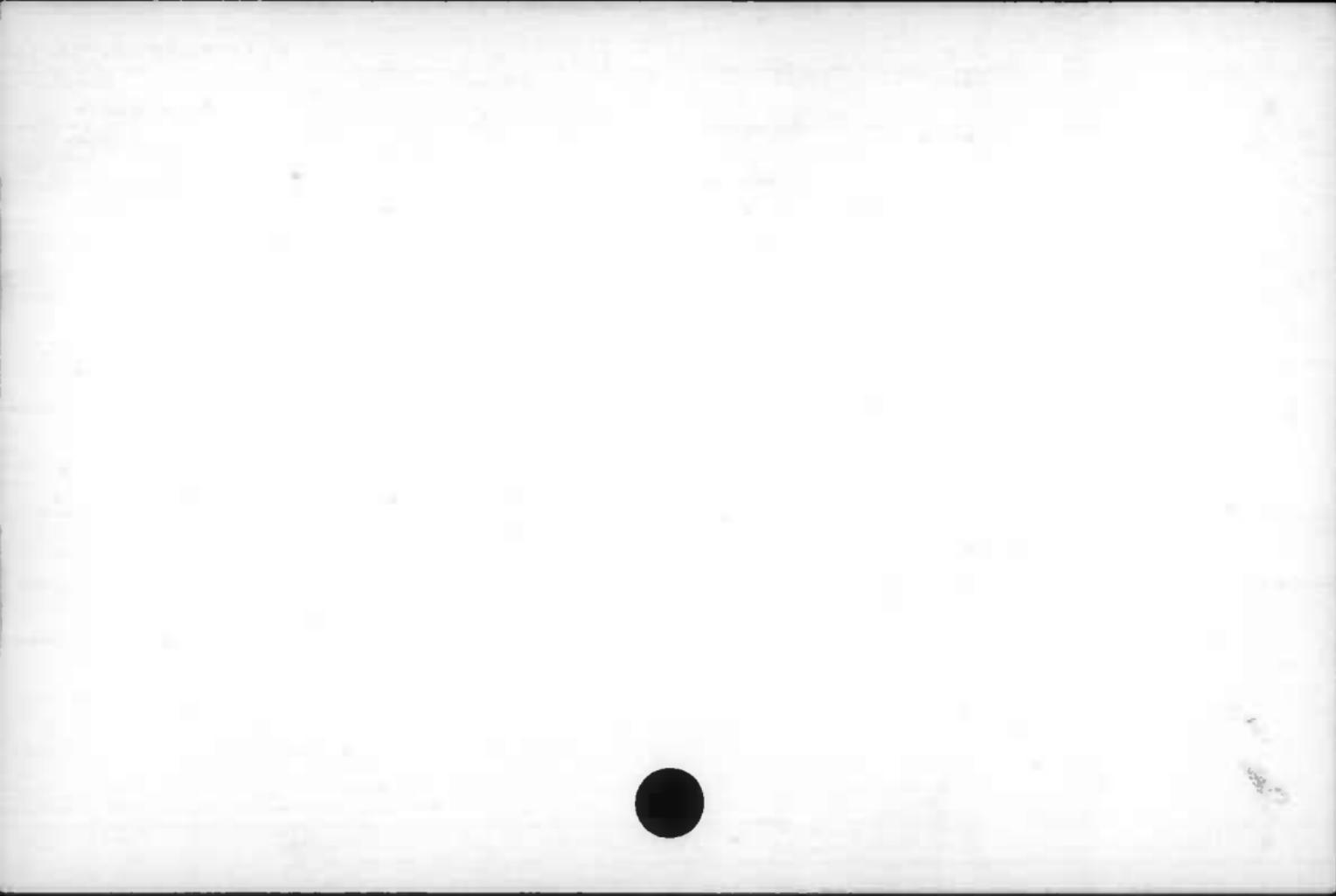
TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died near Queenstown		Q. C. L.			
Date of death 1909	Month Dec -	Day 22	Age 40	Months -	Days -
Sex Female	Color or Race Colored	Birth-place Q. C. Co., Md.			
Occupation Involved	Where Realding if not 1st place of deeth near Queenstown				
Married, Single or Widowed widowed	Name of Wife or Husband George Conyer	Father's Name Thomas Williams	Father's Birthplace Tulsa, Okla		
Mother's Maiden Name Elekhan Williams	Mother's Birthplace La Cava, Mo				
Name of person giving Information Richard Williams	How related to deceased brother				

CAUSES OF DEATH

Primary Mitral Stenosis (of heart)	79	How long One year
Immediate Heart failure	1	How long Five minutes
Are the name, age, sex, color, date and place correctly given above ? Yes	Signature of Physician Rowland H. Ford	Address Queenstown, Md.
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Mary Elizabeth Eastman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at
near Millington

County

MARYLAND

Date of death 1909 Dec Month 31 Day Age — Years — Months — Days 3

Sex Female

Color or
Race

White

Birth-
place

Graham Avenue

Occupation

Shut

Where Residing if not
at place of death

Kent Co

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Elwood M Eastman

Father's
Birthplace

Penn.

Mother's
Maiden Name

Katharine Money

Mother's
Birthplace

Ind

Name of person giving
Information

E. M. Eastman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Breech Birth.

151

How long

Immediate

Asthma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

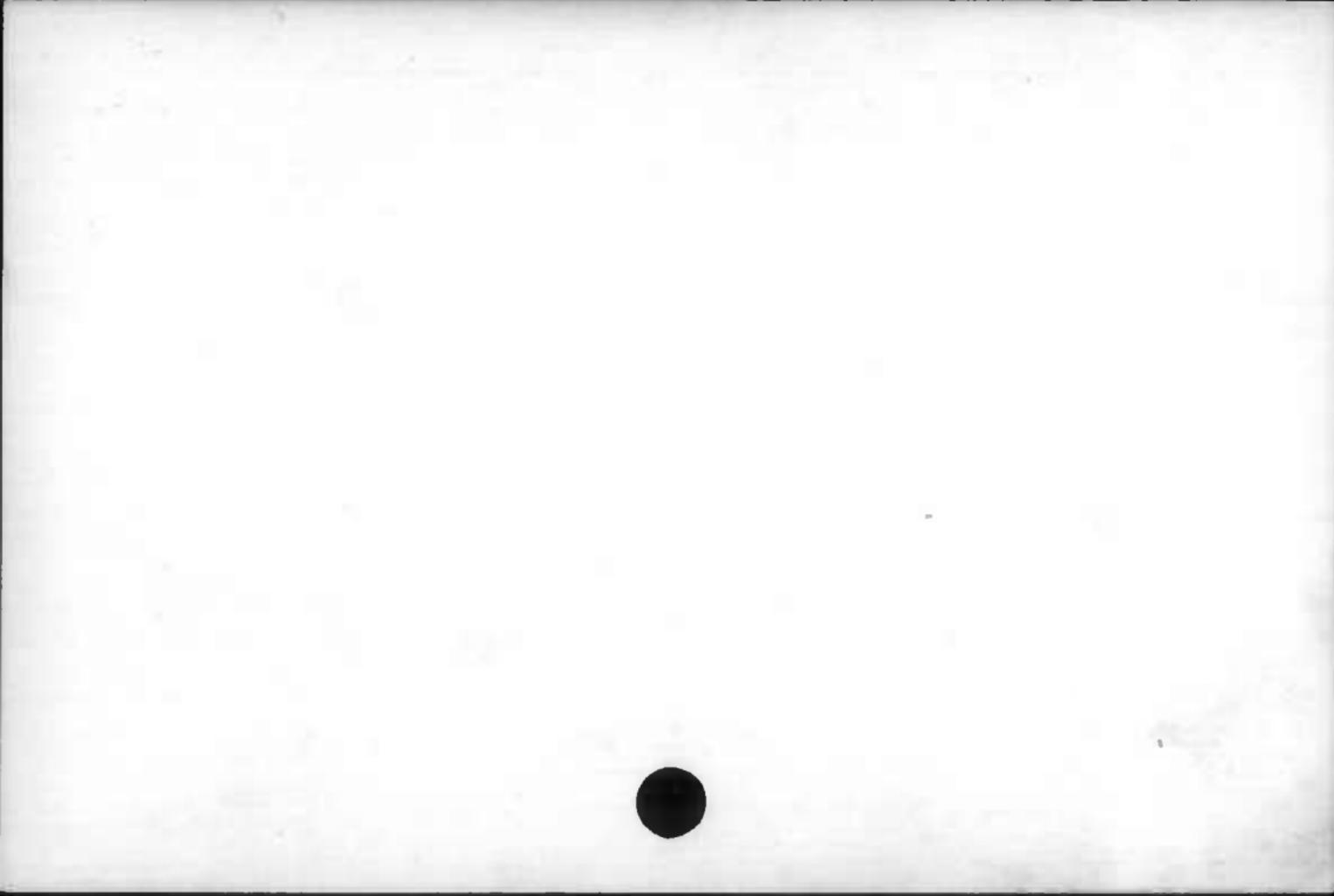
Yr

Address

Accident or Suicide

6 P. Grawemeyer
Millington
Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Dec.	Day 29	Years 60	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Harrington, Del.		
Occupation	Blacksmith			Where Residing if not at place of death	Hickman, Del.		
Married, Single or Widowed	Married	Name of Wife or Husband	Susanna E. Harrington	Father's Birthplace	Harrington, Del.		
Father's Name	Solomon Harrington			Mother's Birthplace	Concord, Md.		
Mother's Maiden Name	Susanna E. Spice			How related to deceased	Son		
Name of person giving Information	Elmer S. Harrington						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Glycogen
from blood rushing to head

How long

(179) ✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

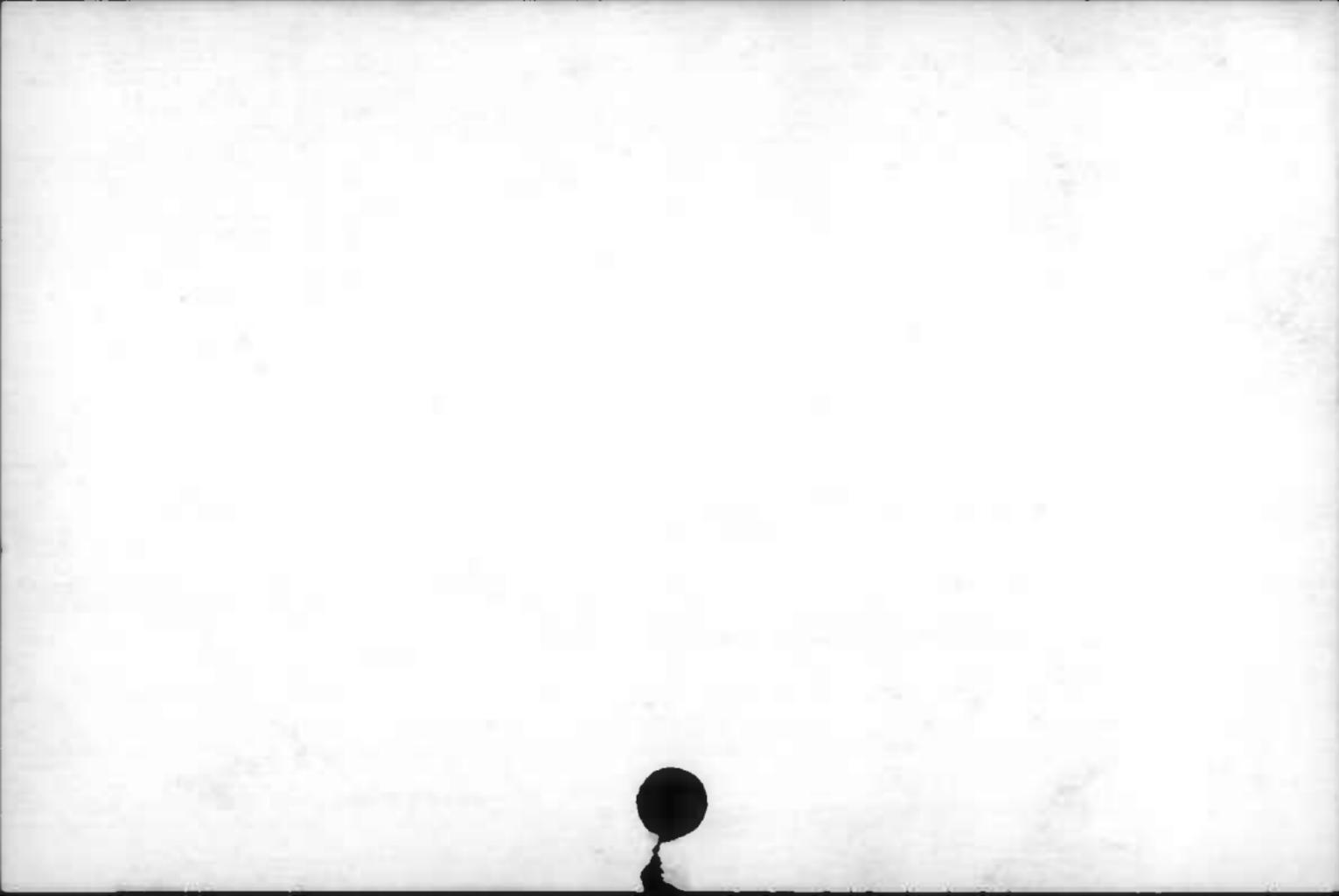
Yes.

Signature of Physician

Address

J. T. Lansard Jr.
Stevengrove
Md.

Accident or Suicide



Name
in
Full

Nathan H. Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hope Town County Queen Anne's Co.

Date of death 1909 Dec. Month Day 4 Years Age 65- Months 6 Days 25

Sex Male Color or Race White Birth-place Delaware

Occupation Farmer Where Residing if not at place of death near Hope

Married, Single or Widowed Married Name of Wife or Husband Lucy Jane Hobbs

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information A. H. Hobbs Jr. How related to deceased Son

CAUSES OF DEATH

Primary

Bright's kidney disease

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

120

How long

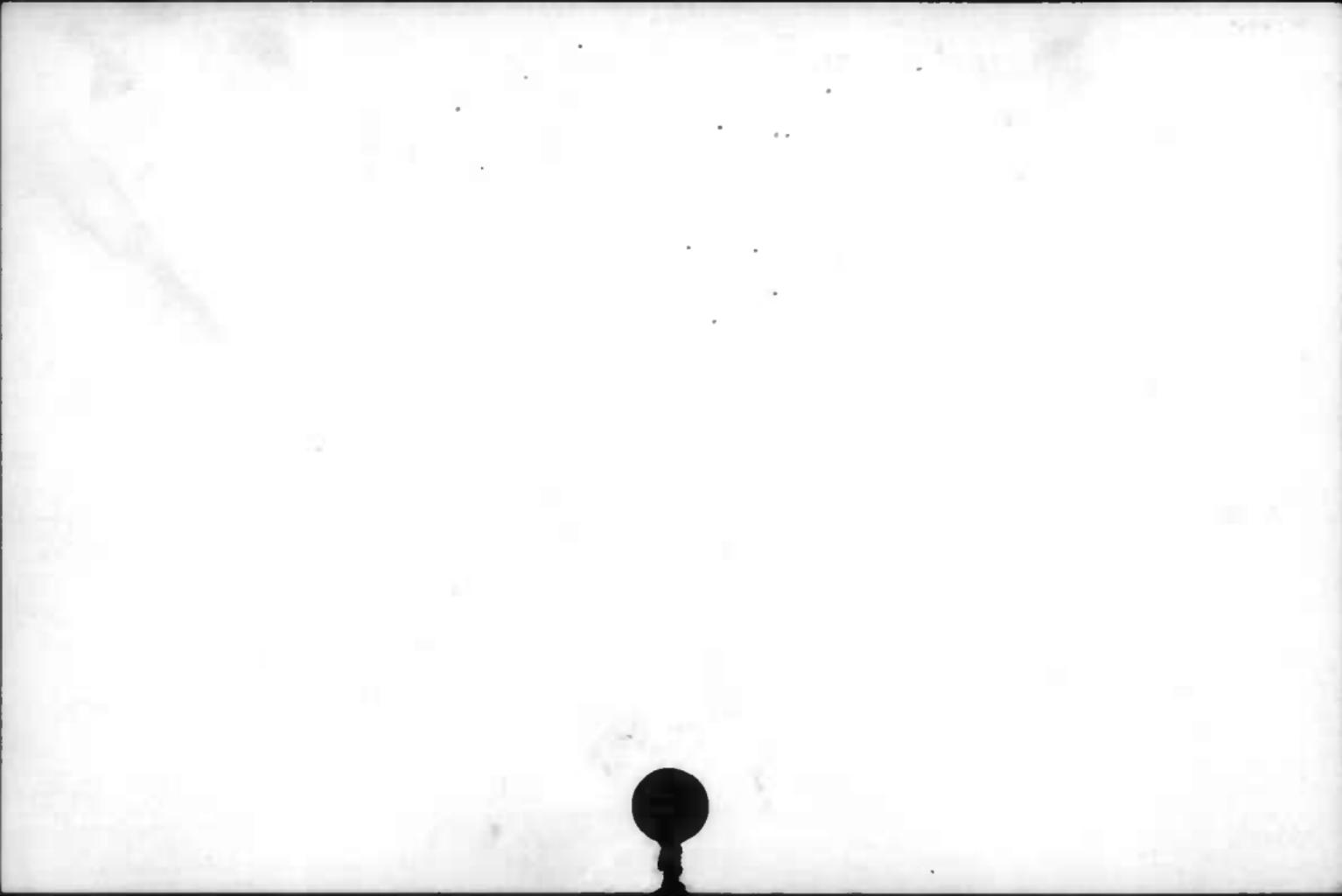
5 months

How long

5 hours

Norman S. Dudley
Church Hill
Queen Anne's Co. Maryland

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

viola Mason

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 13	Day 27	Years 20	Months 9	Days -	
Sex Female	Color or Race Black	Birth-place Delaware					
Occupation House-work	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband Joseph Mason	Father's Name Charles Hall	Father's Birthplace Delaware				
Mother's Maiden Name Don't know			Mother's Birthplace	Don't know			
Name of person giving information Joseph Mason			How related to deceased	Husband			

CAUSES OF DEATH

27

How long

How long

Primary

Pthisis Pulmonalis

Immediate

Are the name, age, sex, color, date and place correctly given above?

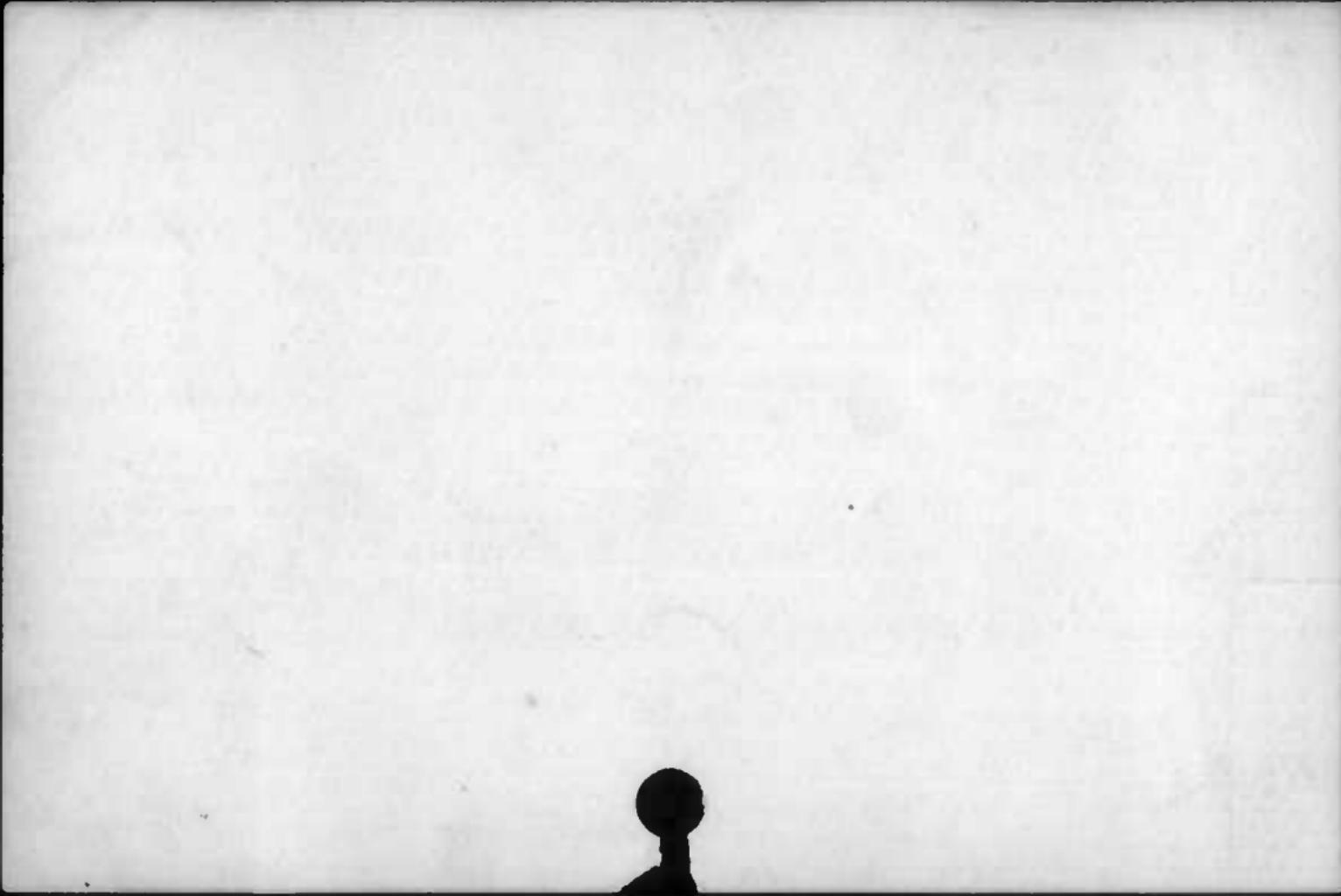
Yes

Signature of Physician

Address

J. P. Smith
Simperville Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Nickerson

CERTIFICATE OF DEATH

Town	County		
Died at Stevensville	D. G.		
Date of death 1909	Month Dec	Day 18	Years Age 36
Sex Male	Color or Race Colored	Birth-place Kent Island	Months 5 Days
Occupation Waiter in Hotel	Where Residing if not at place of death , , "		
Married, Single or Widowed Married	Name of Wife or Husband Eliza Nickerson	Father's Name Philip Nickerson	Father's Birthplace Kent Island
Mother's Maiden Name Harry Groom		Mother's Name	Mother's Birthplace , , "
Name of person giving information Fred Douglas Lewis	How related to deceased Brother		

CAUSES OF DEATH

27

Primary

Pulse. Super cataract

How long

about 2 yrs

Immediate

stridor

How long

for 4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. Henry
Stevensville

Md

Accident or Suicide

ow



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Lewis Harry Carter

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	White - American	Birth-place	Green Anne Co.	
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Loucacia Calaway	Father's Birthplace	Hagerstown	
Father's Name	Doubt Know		Mother's Birthplace	Johnstown		
Mother's Maiden Name	Doubt	Know	How related to deceased	Son-in-law		
Name of person giving information	Thos - Ireland					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

27

How long

1 Year

Immediate

Examination

How long

Are the name, age, sex, color, date and place correctly given above?

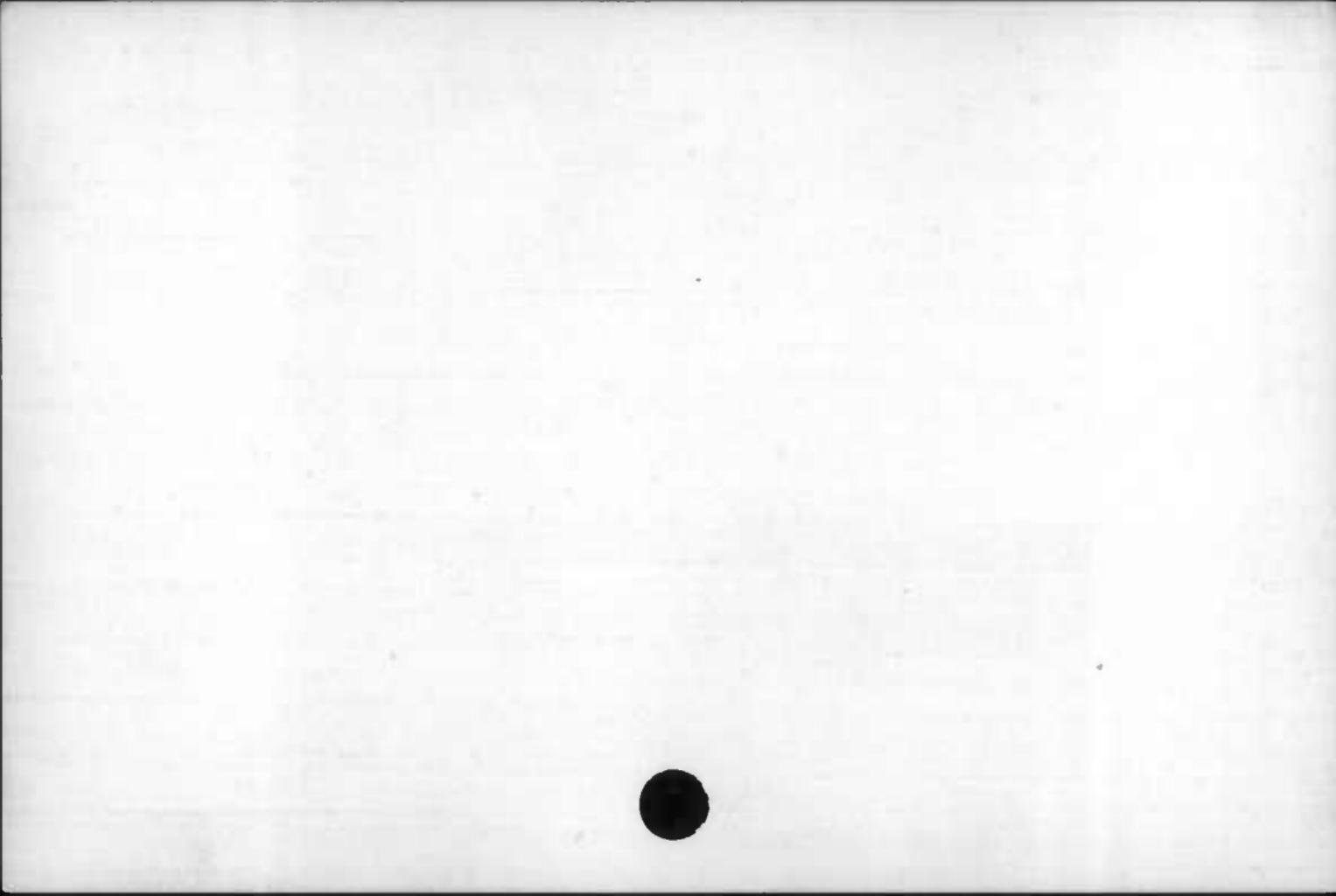
Signature of Physician

Address

John W. Harmon
Sub Register

Consumption

Accident or Suicide? No



Name
in
Full

Robert G. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Starr	Queen Anne			MARYLAND
Date of death	Month	Day	Years	Months	Days
1909	Dec	25	Age 53		
Sex	Male	Color or Race	White	Birth-place	Caroline Co.
Occupation	Labourer			Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Geo E. Price			Father's Birthplace	Queen Anne Co.
Mother's Maiden Name	Emily Williamson			Mother's Birthplace	Queen Anne Co.
Name of person giving Information	Cosper Price			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic alcoholism

Immediate

Apoplexy

Are the name, age, sex, color data and place correctly given above?

Signature of Physician

Address

Accident or Suicide

No

56

How long

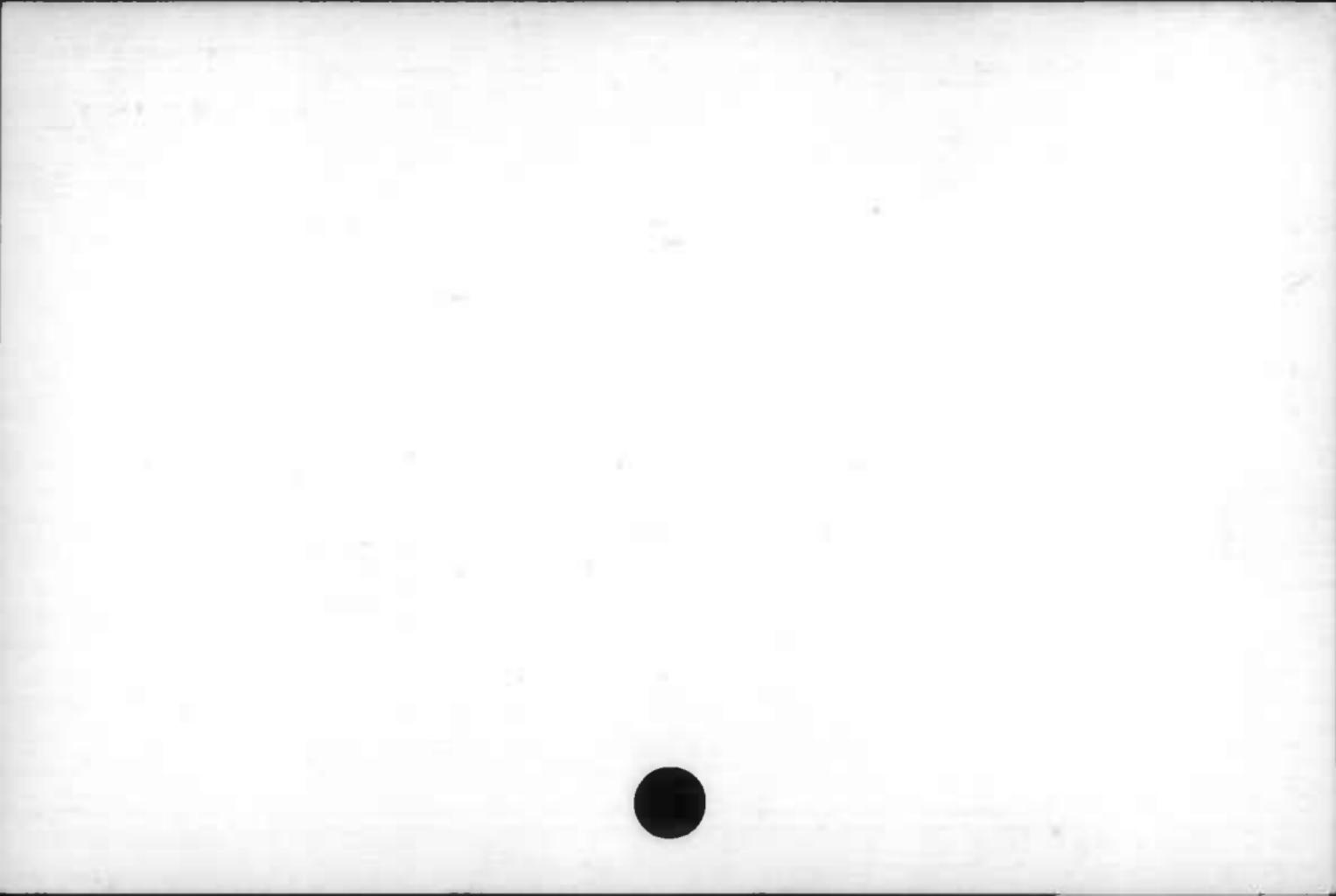
25 yrs

How long

10 months

Worrell MD

Quincy MA

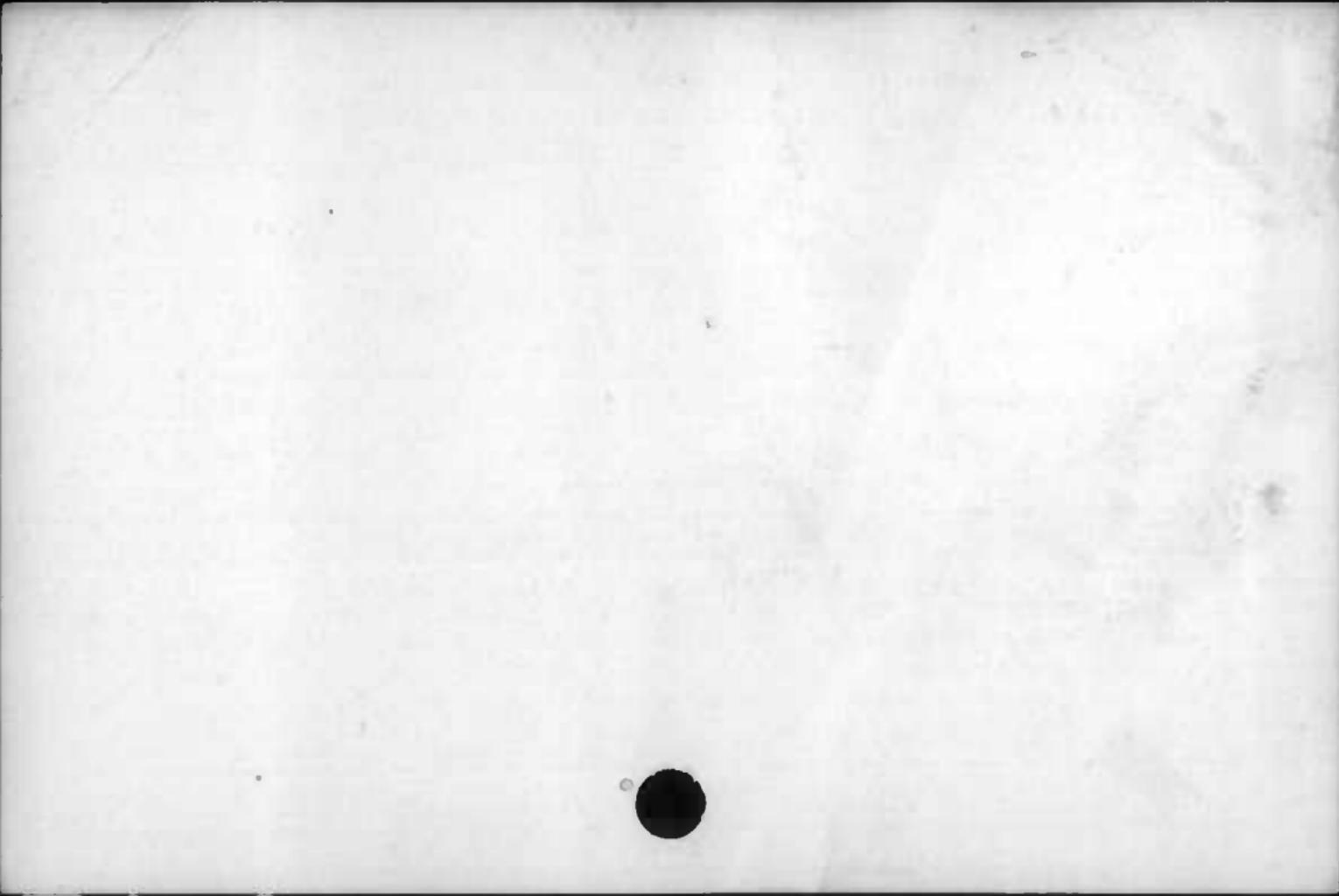


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Price					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Black	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Rachel Price				
Father's Name	James Price		Father's Birthplace			Md.	
Mother's Maiden Name	Don't Know		Mother's Birthplace			Don't Know	
Name of person giving information	James Price		How related to deceased			Son	
CAUSES OF DEATH							
Primary	Senileility						
Immediate	Heart-failure						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
			Address				
			S. C. Faulk				
Accident or Suicide?			Acting Coroner				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Diad et	Town	County	Monthe	Days
Date of daath	Month	Years		
Sax	Color or Reca	Age		
Occupation		Where Rasiding if not at place of death		
Merried, Single or Widowad	Name of Wife or Husband	Father's Birthplace		
Fether's Nema	John Roberson	Mothar's Birthplace		
Mother's Meiden Nema	Eleanor 11	How related to deceased		
Nema of person giving Information		27	How long	

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

11

11

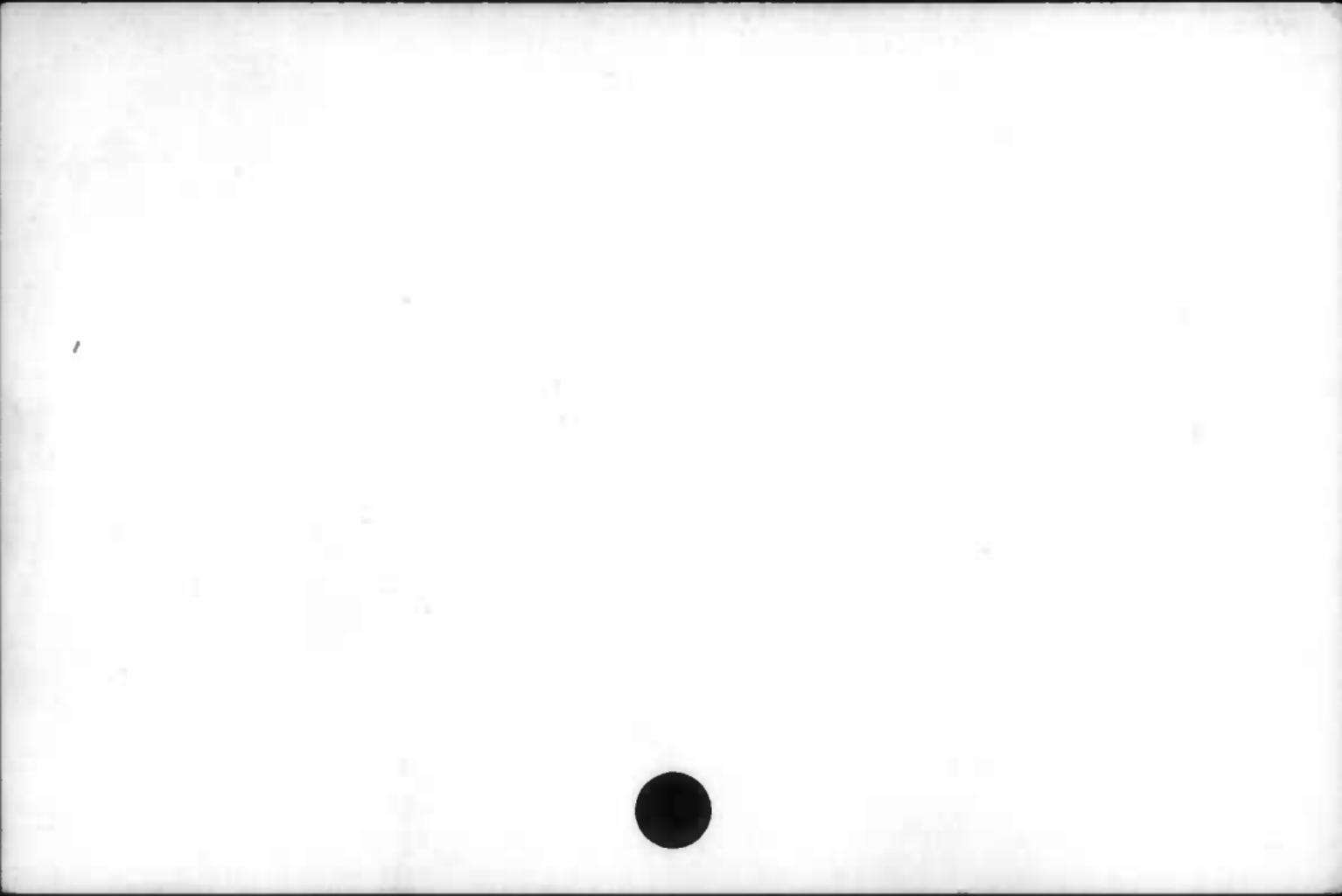
Are the nema, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

21 Coronary
Artery Disease
2nd



Name
in
Full

Howard E Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Indicates if not at place of death	
Occupation	Drafant					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Marshall Smith		Father's Birthplace			
Mother's Maiden Name	Ella Smith		Mother's Birthplace			
Name of person giving information	1.		How related to deceased			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary

Whooping Cough & Pneumonia

How long

From Birth

Immediate

Asphyxia

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

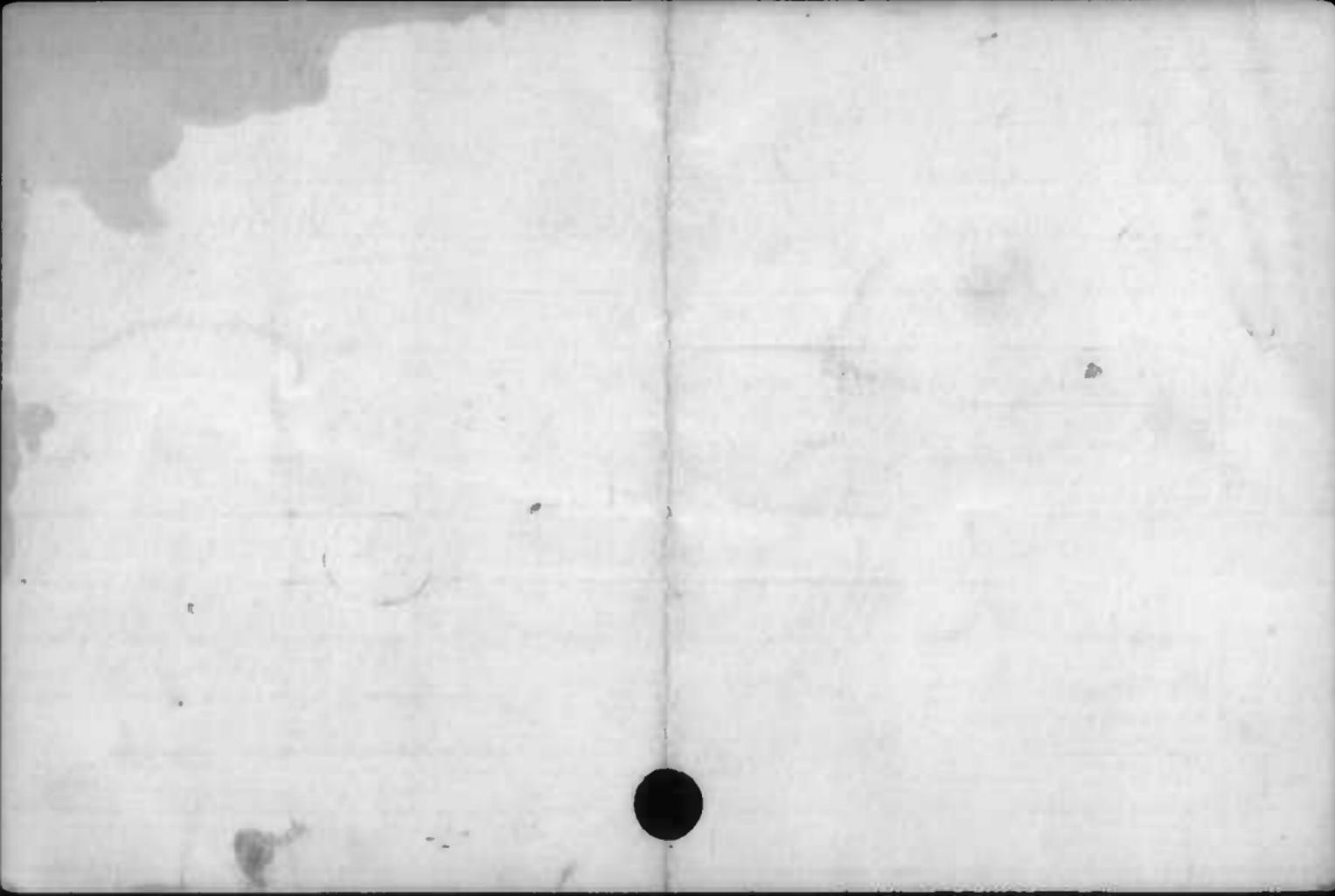
Address

Wm J. Hennings

Stevens Avenue

2nd

Accident or Suicide?



Name
in
Full

not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Church Hill

Town

Date
of death

1909 Dec

Month

Day

County

Years

Months

Deys

MARYLAND

Sex

Male

Color or
Race

Black

Birth-
place

Church Hill

Occupation

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Taylor

Father's
Birthplace

S. A. Co. Ind

Mother's
Maiden Name

Annie Peck

Mother's
Birthplace

S. A. Co. Ind

Name of person giving
Information

Ernie Taylor

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature birth. The mother fell

and hurt herself & child which

brought on labor immediately asthma

151

How long

4 days

How long

4 days

Are the name, age, sex, color, data
and pleca correctly given above?

Yrs

Signature of
Physician

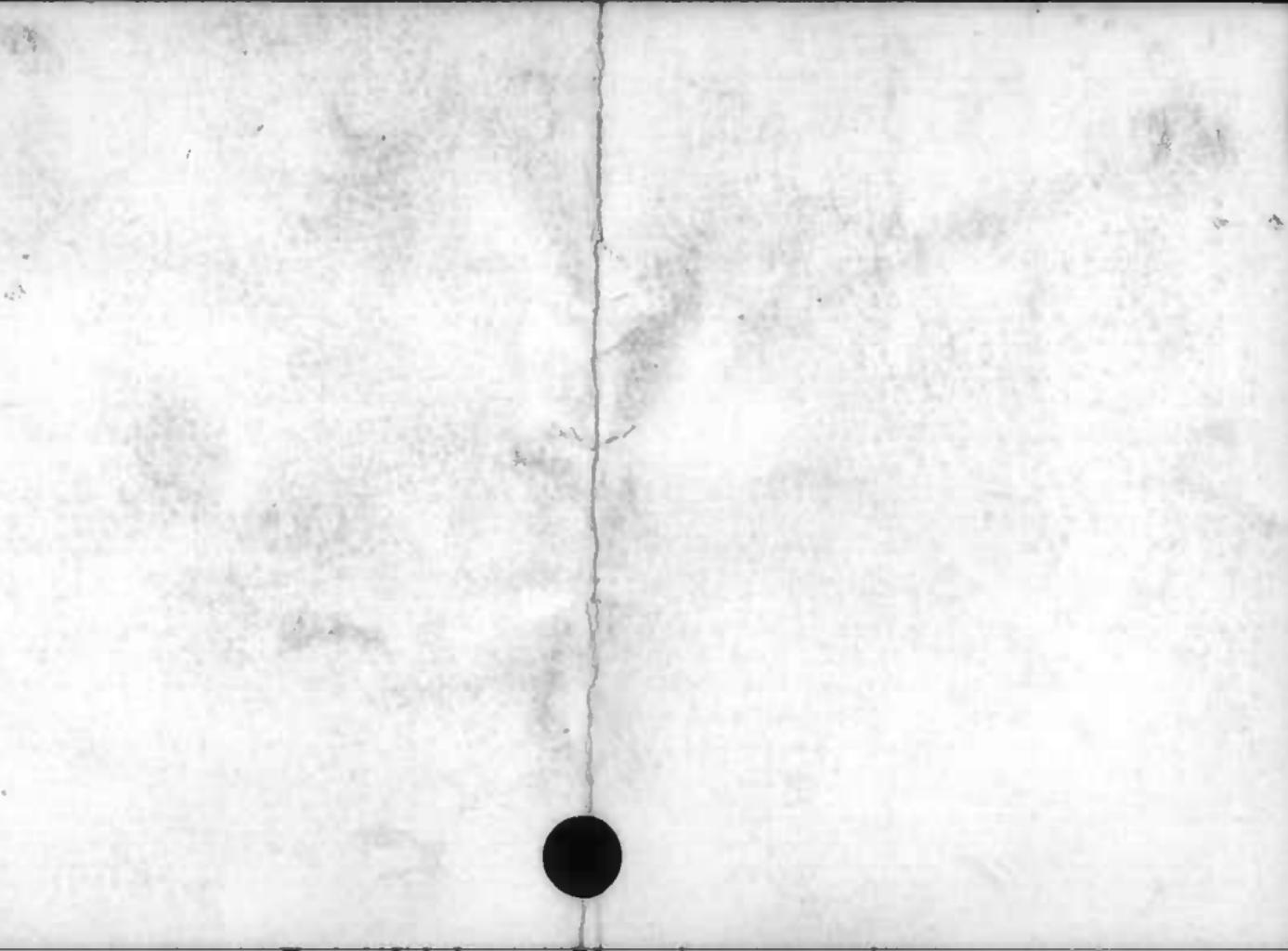
Address

W. G. Coffey

Church Hill

Ind

Accident or Suicide



Name
in
Full

Perry Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Centreville	Years	Queen Anne's	Month	Days
Date of death	1909 Dec. 30	Age	75	1	21
Sex	Male	Color or Race	Black	Birth place	Queen Anne's Co
Occupation	Laborer		Where Residing if not at place of death	Centreville	
Married, Single or Widowed	Married	Name of Wife or Husband	Marior	Father's Birthplace	Queen Anne's Co
Father's Name	Thomas Thomas			Mother's Birthplace	Don't know
Mother's Maiden Name	Dont know			How related to deceased	New York
Name of person giving Information	Joseph Olymon			How long	4 or 5 yrs
				How long	2 days

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

Immediate

Uremia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

120

How long

2 days

Accident or Suicide

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Thorp

CERTIFICATE OF DEATH

MARYLAND

Town	County				
Died at near Empplville Queen Anne					
Date of death 1909	Month 12	Day 24	Years 55	Months -	Days -
Sex Male	Color or Race White	Birth-place Md-			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Malilda Reed			
Father's Name Besley Thorp	Father's Birthplace Md-				
Mother's Maiden Name Don't Know	Mother's Birthplace	Don't Know			
Name of person giving information Besley Thorp	How related to deceased Brother				

CAUSES OF DEATH

79

How long

How long

Primary

Valvular Heart Disease

four months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. P. Smith
Empplville Md.

Accident or Suicide?



Name
In
Full

Sallie E. Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND	
Died at	Centreville	Queen Anne			
Date of death	1909	Month 12	Day 10	Years 92	Month
Sex	Female	Color or Race	Wht American	Birth-place	Pocomoke Co. Near Centreville
Occupation	Lady	Where Residing if not at place of death			Centreville
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Perrie Tilghman			Father's Birthplace	Queen Anne Co.,
Mother's Maiden Name	Harrington Haddaway			Mother's Birthplace	Gibbath Co.
Name of person giving Information	Perrie Tilghman			How related to deceased	Nephew

CAUSES OF DEATH

166

Primary

Heavy Fall

How long

Gradually

Immediate

Shocks

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

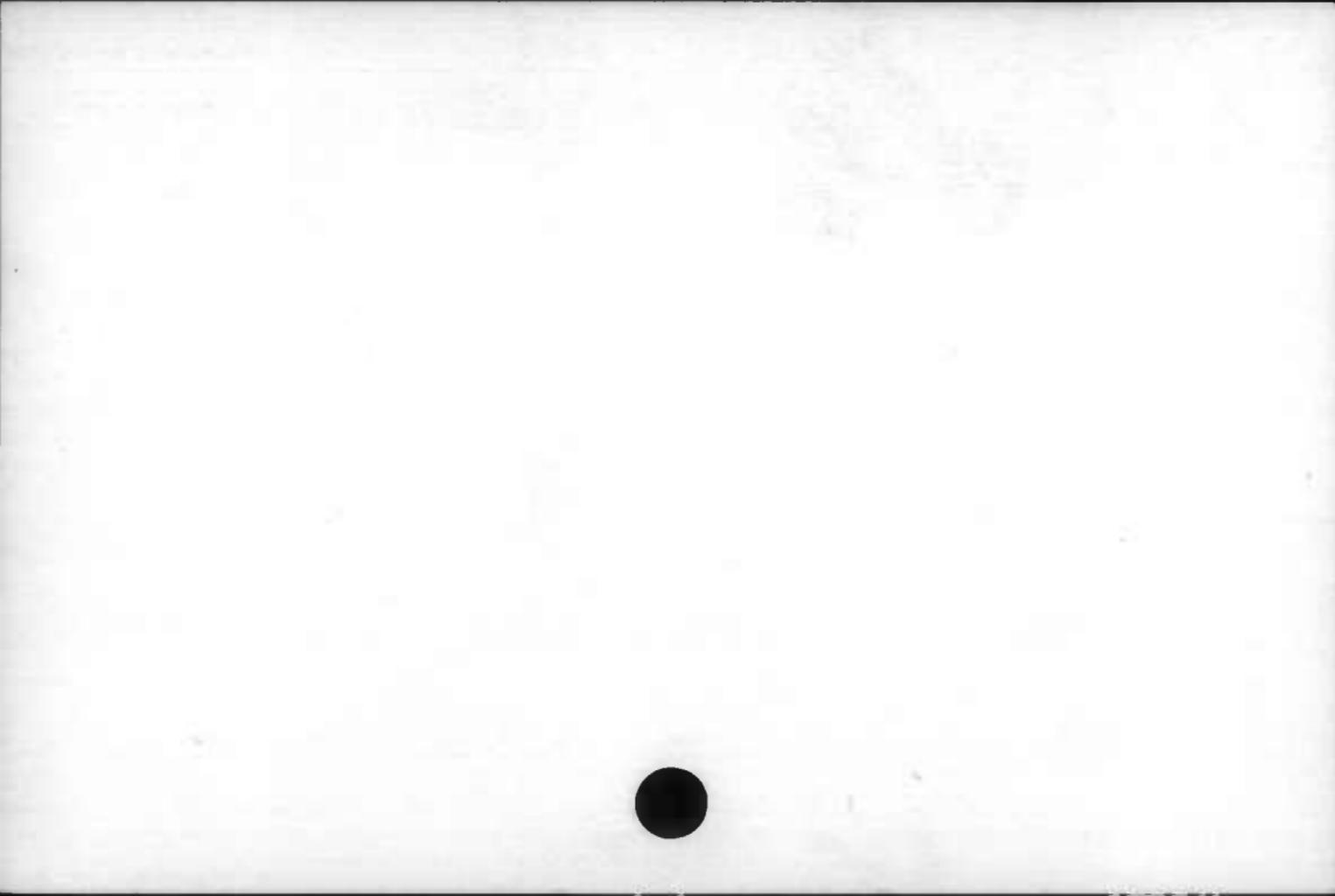
Signature of Physician

Address

Frank C. Lee
Dinwiddie Co.
Va.

Accident or Suicide

accident



Name
in.
Full

Elwood Fuxon sometimes known as Elwood Teah

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Rossville</u>		County <u>Queen Anne</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>9</u>	Day <u>1</u>	Years <u>4</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>Negro.</u>	Birth-place <u>Skipton Md.</u>				
Occupation <u>none</u>	Where Residing if not at place of death <u>Near Rossville</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>					
Mother's Maiden Name <u>Ella Teah</u>	Mother's Birthplace <u>Queen Anne Co.</u>					
Name of person giving Information <u>John F. Fuxton</u>	How related to deceased <u>Father by adoption</u>					

CAUSES OF DEATH

Primary

Accidentally shot

166

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Gandy Leman
Corr. owner

Accident or Suicide

Accident

